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| | INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for | | | | | | | |
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| _ | —CHOATE, HA TWO INTERNA BOSTON, MA (| LLP | I he Stat add tran | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | |
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| | APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| | 09/724,382 | 11/28/2000 | | Robert S. Langer | - | 0492611-0580 | 9451 | |
| TITLE OF INVENTION: SEMI-INTERPENETRATING OR INTERPENETRATING POLYMER NETWORKS FOR DRUG DELIVERY AND TISSUE ENGINEERING | | | | | | |) TISSUE | |
| | APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(S) DUE | DATE DUE | |
| | nonprovisional | МО | \$1510 | \$0 | \$0 | \$1510 | 11/04/2009 | |
| | EXAM | IINER | ART UNIT | CLASS-SUBCLASS |] | ÷ | | |
| | AZPURU, CARLOS A | | 1615 | 424-426000 | | | | |
| • | Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| | Massachusetts Institute of Technology Cambridge, MA | | | | | | | |
| | Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | |
| | 4a. The following fee(s) Issue Fee | are submitted: | 4 | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number | | | | |
| | 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. D b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party interest as shown by the records of the United States Patent and Trademark Office. | | | | | | | |
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| , | Authorized Signature | /Jeffrey E. Buchl | holz/ | Date October 21, 2009 | | | | |
| | Typed or printed name Jeffrey E. Buchholz Registration No. 60,544 | | | | | | · · · · · · · · · · · · · · · · · · · | |
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